

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
400252120

Date Received:
02/15/2012

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 47120 4. Contact Name: CARA MAHLER
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6029
 3. Address: P O BOX 173779 Fax: (720) 929-7029
 City: DENVER State: CO Zip: 80217-

5. API Number 05-123-09400-00 6. County: WELD
 7. Well Name: SPEAR LAND & CATTLE CO Well Number: 1
 8. Location: QtrQtr: SESW Section: 20 Township: 2N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: DAKOTA-J-CODELL Status: COMMINGLED
 Treatment Date: 01/19/2012 Date of First Production this formation: 09/01/1998
 Perforations Top: 7308 Bottom: 7814 No. Holes: 232 Hole size: 0.38
 Provide a brief summary of the formation treatment: Open Hole:
REMOVED SAND PLUG SET @ 7546-7547 TO COMMINGLE DKTA AND JSND WITH CDL.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 02/11/2012 Hours: 24 Bbls oil: 6 Mcf Gas: 54 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 6 Mcf Gas: 54 Bbls H2O: 0 GOR: 9000
 Test Method: FLOWING Casing PSI: 535 Tubing PSI: _____ Choke Size: _____
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1314 API Gravity Oil: 52
 Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
 Reason for Non-Production:

 Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____
 Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: DAKOTA Status: PRODUCING

Treatment Date: 01/19/2012 Date of First Production this formation: 09/01/1998

Perforations Top: 7967 Bottom: 8024 No. Holes: _____ Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

REMOVED SAND PLUG SET @ 7546-7547 TO COMMINGLE DKTA AND JSND WITH CDL.

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: J SAND Status: PRODUCING

Treatment Date: 01/19/2012 Date of First Production this formation: 11/25/1978

Perforations Top: 7776 Bottom: 7814 No. Holes: 104 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

REMOVED SAND PLUG SET @ 7546-7547 TO COMMINGLE DKTA AND JSND WITH CDL. HOLE SIZE N/A

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment: _____

CHOKE N/A

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: CARA MAHLER

Title: REGULATORY ANALYST 1 Date: 2/15/2012 Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400252120	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Opr states that requested wellbore diagram is not available.	4/19/2012 7:39:50 AM

Total: 1 comment(s)